

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 14

Primary Registration District No. 4028

Registrar's No. 11

63-046960

FILED DEC 18 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberal</u>		c. CITY OR TOWN <u>Liberal</u>	
Length of stay in lb <u>73 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Liberal</u>	
3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>McRoy</u> Last <u>Thornton</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/6/1890</u>
9. AGE (last birthday) <u>73</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Miner & Farmer</u>
11. BIRTHPLACE (City and state or country) <u>Barton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna Thornton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>	
16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT Address <u>Liberal, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u> DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO <u>Arteriosclerosis & Renal Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>50 to 60 days</u> <u>1 yr.</u> <u>1 yr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prolonged recumbency with normal b/l pressure</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:55</u> a.m. <u>a.</u> p.m. <u>a.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Liberal</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>January 27, 1960</u> to <u>Oct. 29, 1963</u> and last saw him alive on <u>Oct. 28, 1963</u> Death occurred at <u>12:55 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. H. Kneeland, D.O.</u>		22b. ADDRESS <u>Liberal, Missouri</u>	
22c. DATE SIGNED <u>10-29-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>Oct. 31, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Barton County, Missouri</u>		24. FUNERAL DIRECTOR <u>Meber & Montague</u>	
25. DATE RECD. BY LOCAL REG. <u>Dec 14, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Edward T. Quinn, Student Embalmer No. 4
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward T. Quinn

Licensed Embalmer No. 3256

P. O. Address Pittsburg Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.